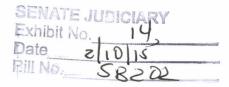
SB 202



Mr. Chairman and members of the Senate Judiciary Committee:

My name is David Hafer. I presently reside in Dayton, Montana but I practiced 30 years in Great Falls and my specialty was maxilla-facial surgery.

No doctor should purposely have the power to take a life. That's the reason why I am opposed to SB 202. At this moment I am asking you to "stop" as if you were approaching a Stop sign, and consider the common sense of a Stop sign. As we know a Stop sign is good for public policy. To run it would be <u>dangerous</u>.

As I look over my 30 years of practice, I want to draw from it a few thoughts in hopes of adding knowledge for your consideration.

- I saw the development of palliative care and hospice during the 80's and 90's. I saw both of these two medical missions improve over time and saw them as medical necessities. One of the nationally recognized palliative care and hospice care doctors, Ira Byock states "the profession of medicine as a whole and the specialty of hospice and palliative care in particular, officially oppose hastening death." He goes on to say, "we need better palliative and hospice care and that's where our emphasis needs to be. If Physician Assisted Suicide were legalized the efforts to improve palliative and hospice care would decrease and thereby hurt society."
- Pain clinics began to develop in the 80's and 90's. This medical mission was much needed and we as physicians saw it evolve and develop as a medical specialty. Tic douloureaux was a diagnosis that I saw many times in my practice. It is a neurologic diagnosis that is extremely painful. When it struck, it is short lasting and devastating and it would strike at unpredictable times. The diagnosis was flagged as the suicide disease, because it was intolerable to live with. I saw the evolution of various treatments involving medication and surgeries. It is a different outcome today thanks to medical research and technology. Assisted Suicide would stifle pain clinics and medical education. Medicine kicks into high gear when we deal with the most ill and frail of our society. Therefore, it would hurt society if medicine didn't set the high standards with our knowledge and expertise. Our desire should always be to improve care and if that's not our premise, all should be concerned.
- Assisted Suicide would impair doctors from having freedom to use narcotics. Many states are looking closely at physician's use of opiates. These drugs are very importing in treating irretractable pain. We need better legislation so doctors will feel free to use the drugs necessary for treatment. Assisted Suicide would inhibit this and <u>hurt society</u>.
- Geriatric doctors will be hurt by Assisted Suicide and thereby <u>hurt society</u>. Over the past 30 years medicine has seen the need for a medical specialty in geriatric care. Caring for

the needs of the elderly requires specialized training, but what young doctor would enter such a specialty if we didn't have a solid commitment to the growing needs of the elderly and care to resolve those needs. The UN's 1948 Universal Declaration of Human Rights states that "recognition of the inherent dignity and the equal and inalienable rights of all members of the human family is the foundation of freedom, justice, and peace in the world. The impulse to honor and care for our most vulnerable members---our infants, our elderly, injured and ill, is a defining purpose of medicine." Let's keep it that way!

- Assisted Suicide would have a dampening effect on research and technology. This would hurt society.
- Assisted Suicide will hurt physicians by diminishing the physician's desire to come along side the patient with a difficult diagnosis and treatment and be with that patient to the end. We love the concept of medical compassion. Steve Jobs lived 2-1/2 years and during that time with the help of medical care was able to develop the iPad and the advanced model of the IPhone. He didn't seek suicide; he sought life.
- Dr. Death---Jack Kevorkian---when he was dying didn't use his suicide machine in spite of dying from his terminal liver cancer. Suicide <u>hurts society</u> in many ways and it is contrary to the human desire to live in spite of the fact that we will all die.

In closing, if the culture decides to kill humans, don't allow the society to cloak killing around medical profession, thereby trying to give killing credibility. We saw that approach in Germany in the 1930's and 40's. I trust we can do better. The greatest joy of a physician is to have a patient present to the doctor's office for his knowledge and expertise, whether the problem will be treated by the doctor or be referred to a more appropriate physician. This is all because of trust and we must preserve that trust at all costs or we have nothing that makes us human. This is love that we have and show to our patient. So once again, I ask you to stop, look both ways and proceed with wisdom.